

Foster Family Home - Corrective Action Report

Provider ID: 1-140020

Home Name: Mylene U Maballos, CNA

Review ID: 1-140020-7

94-860 Lumiiki Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/21/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/21/19. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date